

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Museffer Enterprises DBA Zack's F Meet  Establishment Address (number and street, city, state, zip code)  1233 Beno Rd. Her Alberg. IN 47150					Telephone Number	Date of Ir (mm/dd/y	r) /2019	PERMIT #
Owner					Purpose:	Follow-u	-	
zack Musaffer					1. Routine			
Owner's A	ddress				2. Follow-up	Summar	y of Violation	s:
Person in Charge  Zuk Musifu  Responsible Person's E-mail					3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)  1 2 3 × 4 5		
				ARRATIVE COLUMNS E DENOTED IN THE "S	MARKED "C" UMMARY OF VIOLATIONS" A	ND IN THE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative		•	To Be Co	rrected By
		<i>N</i> •	violations.	All correcti	ens made.			:
		- Heat	ing unit r itus at	ns Measuring 140° F	160° and holder	<b>~</b>	-	:
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Received by	y (name and t	itle printed):	May		Inspected by (name and title A.).		(EHS)	
Received by	y (signature);	NO V M	MAREN		Inspected by (signature):	aj	••	
ce:		<u> </u>	ce:			ee:		